## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

Law Office - Dinesh Agarwal, P.C. Suite 330 \$350 Shawnee Road Alexandria, VA 22312 2/2005 CNGUYENI 00000060 10622828 C;2501 Consultation of the Conference o		ODS.  NCE ADDRESS (Note: Use Block I for  7590 07/08/2005	any change of address)	4008	papers. Each addition have its own certifica	al paper, such as an assign te of mailing or transmission	
C2005 CNBUYENI 00000060 10622828   C300,00 BP   C300,00	Suite 330 5350 Shawnee Ro	oad	OCT 11	ر 2005 يع	I hereby certify that the States Postal Service addressed to the Matransmitted to the US	his Fee(s) Transmittal is be with sufficient postage for il Stop ISSUE FEE addre PTO (571) 273-2885, on the	ing deposited with the United first class mail in an envelope ss above, or being facsimile e date indicated below.
APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION NO.	,		A.	3 S			(Depositor's name)
APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION NO.		·	& TRAD	EMAT			(Signature)
10/622,828   07/21/2003   Marlin Tillaart   US 1351/03   4787	C:2501 C:1504						(Date)
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional YES \$700 \$300 \$1000 10/11/2005  EXAMINER ART UNIT CLASS-SUBCLASS  NGUYEN, JIMMY T 3725 100-009000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.459).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or Agents OR, alternative thy, average as a member a patent of the pate	APPLICATION NO.	FILING DATE	FI	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(s) DUE DATE DUE  nonprovisional YES \$700 \$300 \$1000 10/11/2005  EXAMINER ARI UNIT CLASS-SUBCLASS  NGUYEN, JIMMY T 3725 100-009000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.503).  Change of correspondence address for Change of Correspondence Address from PTO/SB/12/2 attached.  G. "Fee Address" indication form PTO/SB/12/2 attached.  G. "Fee Address" indication for "Fee Address" indication form PTO/SB/12/2 attached. Use of a Customer Number is required.  J. "See Address" indication for "Fee Address" indication form PTO/SB/12/2 attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignmen.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DUTCHMASTER NURSERIES LTD.  ONTARIO, CANADA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed:  Ab Payment of Fee(s):  Ab Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  The Director of the USPTO is requested to apply the Feel Feel and Publication Fee (if any) or to re-apply any previously paid issue fee to the application dentified above.  NOTE: The lase we Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application of the discussion Fee (if a purple of vicinity) and insure fee of t	10/622,828 07/21/2003			Marlin Tillaart		US 1351/03	4787
nonprovisional YES \$700 \$300 \$1000 \$10011/2005  EXAMINER ART UNIT CLASS-SUBCLASS  NGUYEN, JIMMY T 3725 100-009000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/BB/122) attached. Change of correspondence address or indication form provided attached. Change in Entity Status (from status indication form in Status indicated above) Change in Entity Status (from statu	TITLE OF INVENTION:	FREE TYER					
EXAMINER   ART UNIT   CLASS-SUBCLASS     NGUYEN, JIMMY T   3725   100-009000     1. Change of correspondence address or indication of "Fee Address" (37   CFR 1.363).     CFR 1.363).   Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address form PTO/SBI/122) attached.   Cy the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents If no name is listed, no name will be printed.     3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.	APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NGUYEN, JIMMY T 3725 100-009000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, and a mane of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DUTCHMASTER NURSERIES LTD.  ONTARIO, CANADA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government da. The following fee(s) are enclosed:  Ab. Payment of Fee(s):  Ab. Payment of Fee(s):  Advance Order - # of Copies  1. DINESH AGARWAL, I. (1) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  1. DINESH AGARWAL, I. (1) the names of up to 3 registered patent attorneys or agents. If no name is listed. An anametric registered attorney or agents. If no name is listed. An anametric registered attorney or agents. If no name is listed. An anametric registered attorney or agents. If no name is listed. An anametric registered attorney or agents. If no name is listed. An application from the patent is listed. An application of the private group entity or a substitute for filing an assignment.  4b. Payment by credit card. Form PTO-2038 is	nonprovisional	YES	\$700	•	\$300	\$1000	10/11/2005
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   Change of correspondence address (or Change of Correspondence Address or indication (or "Fee Address" indication form PTO/SB/1/2) attached. Use of a Customer Number is required.   (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)    PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.    (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)    DUTCHMASTER NURSERIES LTD. ONTARIO, CANADA    Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual **Corporation or other private group entity   Government of the fee(s) are enclosed:   Ab. Payment of Fee(s):   Ad. check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached. (Deficiencies Only)    Advance Order - # of Copies	EXAMINER		ART UNIT	r	CLASS-SUBCLASS	7	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  CFR 1.363).  (1) the names of up to 3 registered patent attorneys or agents of a customer PTO/SB/122) attached.  (2) the name of a single firm (having as a member a registered autorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DUTCHMASTER NURSERIES LTD.  ONTARIO, CANADA  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual **Corporation or other private group entity	NGUYEN, JIMMY T		3725 100-009000		100-009000	_	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DUTCHMASTER NURSERIES LTD.  ONTARIO, CANADA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government da. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. (Deficiencies Only)  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0433 (enclose an extra copy of this form).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee if equired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the USPTO is trademark Office.	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
4a. The following fee(s) are enclosed:    Advance   Adva	PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG	ss an assignee is identified be in 37 CFR 3.11. Completion NEE	elow, no assignee di of this form is NOT (B)	ata will appear or a substitute for fil RESIDENCE: (C	the patent. If an assiging an assignment.  ITY and STATE OR CO		e document has been filed for
Sissue Fee   Macheck in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Deficiencies Only	DUTCHMASTER				<b>\</b>		. 🗀 –
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number		te assignee category or catego	ories (will not be prin	ited on the patent)	: Individual 1997	orporation or other private	group entity  Government
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \] \[ \begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] The Director of the USPTO is requested to apply the USE Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: a registered attorney or agent; or the assignee or other party in interest as shown by the records of the USE Patent and Trademark Office.  \[ \text{Date} \] \[ \text{ Date} \] \[ \text{ October 11, 2005} \]	Please check the appropria  4a. The following fee(s) ar  XX Issue Fee	re enclosed:	4b.	Payment of Fee(s	amount of the fee(s) is e	nclosed.	
Authorized Signature Date October 11, 2005	Please check the appropria  4a. The following fee(s) ar  XI Issue Fee  XI Publication Fee (No	e enclosed: small entity discount permitte	4b. <b>X</b> ed)	Payment of Fee(s)  A check in the  Payment by cre	amount of the fee(s) is e	nclosed. 8 is attached. (Defice	ciencies Only)
	Please check the appropria  4a. The following fee(s) ar  XX Issue Fee  XX Publication Fee (No  Advance Order - #  5. Change in Entity Statu  a. Applicant claims	e enclosed:  small entity discount permitte of Copies  s (from status indicated above SMALL ENTITY status. See	4b. X 2d) [ X 1 2) 37 CFR 1.27. [	Payment of Fee(s)  A check in the Payment by cre The Director i Deposit Account	amount of the fee(s) is edit card. Form PTO-203 shereby authorized by humber 01-0433	nclosed.  8 is attached. (Defice charge the required fee(s), (enclose an extraction of the control of the contr	ciencies Only) or credit any overpayment, to a copy of this form).  CFR 1.27(g)(2).
	Please check the appropria  4a. The following fee(s) ar  XX Issue Fee  XX Publication Fee (No  Advance Order - #  5. Change in Entity Statu  a. Applicant claims  The Director of the USPTONOTE: The Issue Fee and interest as shown by the re-  Advance Order - #	e enclosed:  small entity discount permitte of Copies  s (from status indicated above SMALL ENTITY status. See	4b. X 2d) [ X 1 2) 37 CFR 1.27. [	Payment of Fee(s)  A check in the Payment by cre The Director i Deposit Account	amount of the fee(s) is endit card. Form PTO-203 shereby authorized by Jumber 01-0433 no longer claiming SMA to re-apply any previous than the applicant; a result of the state of the stat	nclosed.  8 is attached. (Defice the required fee(s), (enclose an extract the control of the con	ciencies Only) or credit any overpayment, to a copy of this form).  CFR 1.27(g)(2). lication identified above. r the assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.